



COMMONWEALTH of VIRGINIA

APPLICATION FOR A DEPARTMENT OF HEALTH PERMIT

I/we hereby make application to the _____ Health Department for
a permit to operate a: Restaurant _____ Summer Camp _____ Campground _____ Hotel _____

Bed & Breakfast _____ Migrant Labor Camp _____ Other _____

New _____ Change of Owner or Location _____

Name of Establishment _____ Telephone No. _____

Address _____ Zip Code _____

Name of Owner(s) _____

Address(es) _____

Name of Operator: _____ Telephone No. _____

Address: _____ Zip Code _____

WATER SUPPLY: Private _____ Public _____ SEWAGE: Private _____ Type _____ Public _____

Method of Solid Waste Disposal: _____

Number of Rooms _____ Campsites _____ Seating Capacity _____ Persons Housed _____

I/we understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature of Applicant or Person Authorized by Applicant to Sign this Application

Signature _____ Title _____ Date _____

Print Name _____

Address _____ City, State, _____ Zip _____

FOR OFFICIAL USE

Type of Permit: Mobile _____ Seasonal _____ Institutional _____ Counter Freezer _____ Other _____ Public _____ Semi-Public _____
Temporary _____

Approved for Permit _____ Date Signed _____ Sanitarian _____

Permit No. _____ Date Issued _____ Expiration Date _____

Remarks: _____